

## ROUTING AND RECORD SHEET

~~CONFIDENTIAL~~  
COMMENTSFROM: SSA-DD/S  
Room 2129  
I Building

TO	ROOM NO.	DATE		OFFICER'S INITIALS
		RECEIVED	FORWARDED	
1. Chief, Medical Staff	119 Central		7 SEP 1960	<i>[Signature]</i>
2. SSA-DD/S	2129 I			<i>[Signature]</i>
3. <input type="checkbox"/> R.D/DP	1307 L		80 SEP 1960	<i>[Signature]</i>
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To 1 - For authentication of the attached Book Dispatch and return to SSA-DD/S. Request signature on Form 610b and attached coordination page.

To 3 - For processing.

RECORD COPY

## COORDINATING OFFICERS

NAME OFFICE

See attached coordination page.

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## AUTHENTICATING OFFICER

NAME TITLE

CHIEF, MEDICAL STAFF

TITLE

SSA-DD/S

ENCLOSURE

ABSTRACT

INDEX

FILE NUMBER

DATE MICROFILMED

DOCUMENT DATE

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BOOK DISPATCH NO. 2107

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